



# LTC Newsletter

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## Division of Long Term Care Welcomes Familiar Faces to New Positions

The Division of Long Term Care is pleased to announce that **Kimberley Rhoades, JD**, has accepted the position of Survey Manager for the Division effective January 6, 2003. Kim is no stranger to the Division, however. Kim served as an attorney for the Division in the State Department of Health's Office of Legal Affairs from February 1999 to June 2000, when she accepted the position of Risk Manager for the Health Care Regulatory Services Commission, encompassing both the Divisions of Long Term and Acute Care. Kim served double-duty from June 2002 through this past December, continuing her position as Risk Manager, and acting as Interim Training Director for the Division of Long Term Care.

Kim's career, however, began long before her coming to the Department of Health. Kim earned a Bachelor of Arts degree from DePauw University in 1981, and her Juris Doctorate from the Indiana University School of Law in Bloomington in 1983. Kim has practiced law for 19 years, including her own practice, and serving as Deputy Prosecutor and elected Prosecutor in Posey County, Indiana. Kim is married, and has two step-children and two grandchildren. Her hobbies include golf, gardening, ballroom dancing, reading, and is an avid Colts fan.

Kim looks forward to the challenges of the survey process, and giving good customer service to providers as well as residents and families, "I hope to establish positive working relationships that will have everyone working together for the benefit and protection of residents in long-term care facilities." Kim encourages providers and the populations they serve to contact her with questions or issues. "I may not be able to respond immediately, but I will respond as quickly as I can." Kim may be reached at (317) 233-7497, or by e-mail at [krhoades@isdh.state.in.us](mailto:krhoades@isdh.state.in.us).

Kim is not the only new (familiar) face in the Division of Long Term Care. **Sandra Marcum, RN**, has accepted the position as Training Director for the Division effective December 1, 2002. Sandra graduated from IU School of Nursing with an Associates' degree in Nursing in 1989, and from Indiana Wesleyan University in 1995 with a Bachelor of Science in Nursing. Sandra's professional experience includes nursing in hospital, home care, hospice and long term care settings. Sandra served the Division of Long Term Care in a surveyor role from 1999 to 2001, when she left the Division to accept a position in public health in Hancock County. Sandra returned to the Division again as a field surveyor in 2002.

Sandra's goals for the Training Department include the recruitment for two training positions within the Division, the implementation of a six-week surveyor orientation program for all new Long Term Care surveyors, the implementation of a review training course for surveyors preparing for the SMQT test, and the completion of QMA curriculum for presentation to providers this Spring.

Sandra is married, has three children and seven grandchildren. Sandra and her husband love to camp, fish, and enjoy playing with their grandchildren and their pets.

Sandra may be reached at (317) 233-7480, or by e-mail at [smarcum@isdh.state.in.us](mailto:smarcum@isdh.state.in.us). •

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2. CMS S&C-03-09RAI User's Manual Release & Memorandum from RAI Coordinator
3. S&C-03-10 Binding Arbitration in Nursing Homes
4. S&C-03-11 BIPA Nursing Home Requirement
5. S&C-03-14 Clarification on CMS Form 671.
6. CNA's with Verified Findings
7. New Residential Rules Eff. March 3, 2003\*

\* Only facilities with Residential beds will receive this Insert.

# An Outbreak of Outbreaks: Noroviruses Hit Hard Across Indiana

Such a tiny pathogen has generated big news recently, infecting hundreds of cruise ship passengers and forcing the closure of hospital wards across Canada, Great Britain, and Australia. Indiana residents are not immune, either. Since the beginning of November, six viral gastroenteritis outbreaks have been investigated in a variety of settings, including one restaurant, one outbreak in two sister hospitals, and six long term care facilities. In addition, 23 suspected outbreaks have been reported from long term care facilities across the state. These are only the reported outbreaks.

Norwalk-like viruses, now classified under the genus *Norovirus*, cause an estimated 23 million infections, 50,000 hospitalizations, and 300 deaths among Americans each year<sup>1</sup> and are the leading cause of gastroenteritis outbreaks.<sup>2</sup> The classic symptoms of nausea, vomiting and diarrhea appear approximately 12-48 hours (average 30-36 hours) after exposure and resolve within approximately one to four days. Other symptoms may include abdominal cramps, headache, body ache, low-grade fever, and chills. Dehydration may result after prolonged vomiting and diarrhea, and reported deaths usually result from complications of dehydration or underlying medical conditions.

At least 23 types of noroviruses can infect humans. The virus is shed in stool and transmitted via the fecal-oral route. This occurs when someone uses the toilet and does not wash hands, then touches food, beverages, other people, or common surfaces or objects. Another means of transmission can occur when aerosols of vomitus are inhaled.<sup>2</sup> Fewer than 100 viral particles are needed to transmit infection, and the virus can remain inert on surfaces for several days. The virus can remain stable in chlorination levels up to 10 parts per million, survives freezing, and survives heating up to 60°C.<sup>1</sup>

Although infection from noroviruses can occur anytime of year, there is a seasonal peak that begins in November and continues throughout the winter months. This has been observed in Europe, where this illness is known as “winter vomiting,” and according to recent outbreak

data, here in Indiana as well. Figure 1 (see next page) shows the number of confirmed and suspected outbreaks of viral gastroenteritis investigated in Indiana from 2000-2002. In 2002, the ISDH Epidemiology Resource Center began conducting surveillance of incident reports of suspected viral gastrointestinal illness. Figure 2 (next page) shows the pattern of these reports received during the year. This seasonality may be due to the fact that greater numbers of people maintain closer physical contact indoors throughout the winter months, especially during the holiday season. Holiday travel may also play a role. Greater numbers of people traveling longer distances can effectively transmit infection throughout different areas of the US and across the globe, as witnessed by the recent infections among cruise ship passengers.

Even with the current seasonality, norovirus infection has been particularly prevalent this year. According to the Centers for Disease Control and Prevention (CDC), there may be a predominant emerging norovirus strain. Since January 2002, 21 outbreaks of acute gastroenteritis on cruise ships have been reported, compared with seven outbreaks reported in 2001. Nine of these outbreaks were confirmed as norovirus outbreaks by laboratory testing. According to genetic sequencing analysis, four of these outbreaks were caused by the same viral strain. In addition, of the 29 non-cruise ship norovirus outbreaks CDC confirmed this year, five were caused by the same strain found in the four cruise ship outbreaks. These outbreaks occurred in North Carolina, Kentucky, Georgia, and Utah. An additional five outbreaks caused by the same strain were also reported in Michigan. No sequencing data are currently available for the Indiana outbreaks.

As recent outbreaks have indicated, the public health implications of norovirus infection are great. First, the virus requires a very low inoculating dose to transmit infection. Second, several strains exist, so exposure to one strain will not protect against exposures to other strains. Third, immunity appears to last only a few months, so it is possible to

eventually be reinfected with the same strain. Fourth, the virus is extremely environmentally stable and can remain infective on surfaces for several days. Finally, people may continue to shed virus up to two weeks after symptoms have ceased.

For these reasons, introduction of Norwalk-like virus into closed populations, such as hospitals and long term care settings (and cruise ships), can pose significant infection control challenges. Information regarding infection control measures in hospital and long term care settings may be found in a recent article in the *Journal of Hospital Infection* (2000) 45:1-10, “Management of hospital outbreaks of gastro-enteritis due to small round structured viruses”.<sup>3</sup>

In any setting, there are several ways to help prevent the spread of infection:

- Wash hands thoroughly with soap and running water
  - after using the restroom
  - after changing diapers
  - after assisting someone to use the restroom
  - after assisting someone who is ill
  - before preparing food
  - before eating
- Exclude ill people from preparing food or providing medical or child care.
- Exclude ill children from daycare and school.
- Do not attend work or social events while ill.

The ISDH actively investigates outbreaks of viral gastroenteritis. To report an apparent outbreak, please call the ISDH Epidemiology Resource Center at 317-233-7125.

## References

<sup>1</sup>Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*, “Outbreak of Acute Gastroenteritis Associated with Norwalk-Like Viruses Among British Military Personnel – Afghanistan, May 2002.” June 7, 2002 / 51(22):477-479.

<sup>2</sup>Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*, “Outbreaks of Gastroenteritis Associated with Noroviruses on Cruise Ships – United States, 2002.” December 13, 2002 / 51(49): 1112-1115.

<sup>3</sup>Chadwick, P.R., et al. Report of the Public Health Laboratory Service Viral Gastro Enteritis Working Group: Management of hospital outbreaks of gastro-enteritis due to small round structured viruses. *Journal of Hospital Infection* (2000) 45: 1-10.

## Outbreak Cont'd

**Figure 1** data: Indiana Confirmed and Suspected Viral Gastrointestinal Outbreaks by Month, 2000-2002

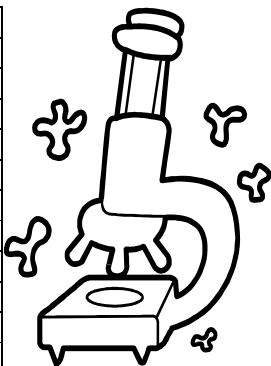
\*as of December 18, 2002

	2000	2001	2002
Jan	1	1	4
Feb	0	2	3
Mar	2	3	1
Apr	3	1	1
May	2	0	2
Jun	1	1	1
Jul	2	1	0
Aug	0	0	1
Sep	0	0	0
Oct	0	0	1
Nov	4	1	3*
Dec	4	2	5*

**Figure 2** data: Indiana Suspected Viral Gastrointestinal Outbreaks in Long Term Care Settings By Month, 2002

\*as of December 18, 2002

Jan	1
Feb	2
Mar	2
Apr	1
May	1
Jun	1
Jul	1
Aug	0
Sep	0
Oct	0
Nov	9
Dec	14*



For more information on this subject, please contact Pam Pontones, Epidemiologist, at 317-233-7009, by e-mail: [ppontones@isdh.state.in.us](mailto:ppontones@isdh.state.in.us).

## ✓ Check This Out

Guideline for Hand Hygiene  
in Health Care Settings

October 25, 2002

Vol.51

No. RR-16

<http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

## POSTING OF NURSING STAFF NUMBERS

Effective January 1, 2003, Section 941 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) requires skilled nursing facilities and nursing facilities to post daily for each shift the number of licensed and unlicensed nursing staff directly responsible for resident care in the facility. Many nursing homes have requested guidance on the format of that reporting. CMS is working to address this concern and will publish a regulation later in this fiscal year defining this required format and content. In the meantime, we are providing the letter (see Insert) that Administrator Scully is sending to all nursing homes that includes a format CMS recommends nursing homes use in the interim. It is not a required format, and facilities may choose to use their own format.

In our October 10, 2002, Survey & Certification Letter 03-03, CMS alerted states and regional offices of this impending requirement for nursing homes to post their staffing data for public review (see Insert).

The required facility nursing staff numbers must be prominently displayed in a public area. CMS suggests the size of the report be at least 8 1/2 x 14 inches, and printed in a size font/print large enough to be easily read. This information must include the actual number of licensed and unlicensed nursing staff directly responsible for the care of residents for that particular day on each shift. This may mean that the nursing facility would post each shift staff numbers very close to the beginning of the shift in order to ensure that the posted numbers are the actual staff working the shift. Licensed and unlicensed nursing staff includes: registered nurses, licensed practical nurses, and nurse aides. The nursing home may choose to delineate the above categories of staff in addition to others, e.g., volunteers on the template.

The State Survey Agencies will verify that nursing staffing information is posted for all surveys performed on or after January 1, 2003.

## Transfer/Discharge Notice Guidelines

State Form 49669, Notice of Transfer or Discharge, is intended for use when notice is required to residents and their representatives for transfer or discharge from a facility.

The section of the form beginning with the phrase, "You are being transferred or discharged because..." should be completed with one or more of the six reasons listed at 410 IAC 16.2-3.1-12(a) (4)(A) through (F). For convenience, these reasons are also listed on page two of State Form 49669. In addition, the section of the form beginning with the phrase, "You are being transferred or discharged to..." should be completed with one of two responses: Either (1) a name and address of an appropriate facility or location which has accepted the resident, or (2) a list of facilities or locations for which the facility has called and attempted placement, but has been turned down.

Remember, the facility or location listed here may not be the facility or location where the resident is finally placed. The intent is that discharge planning is an ongoing responsibility, and the facility's efforts should be well documented. Even if the resident and/or representatives are not cooperative in this effort, the facility must indicate the facility or location to which the resident will be transferred or discharged, or documentation of the extent of the facility's efforts to gain placement.

Questions regarding transfer or discharge may be addressed to Donald Craig, Program Director, at (317) 233-7479. *Please contact Mr. Craig with questions before transfer or discharge notice is given.*



## Recalled Sprinkler Heads

Central Sprinkler Co., an affiliate of Tyco Fire Products LP of Lansdale, Pennsylvania, has agreed to replace 35 million of their fire sprinklers. Gem Sprinkler Co. and Star Sprinkler Inc. agreed to replace about 167,000 of their sprinklers. There will be no charge to consumers for the replacement.

The sprinkler heads in questions have the words "CENTRAL" or "STAR," the letters "CSC," the letter "G" in a triangle, or a star-shaped symbol stamped on either the metal sprinkler frame or on the deflector.

According to the Consumer Product Safety Commission press release, laboratory tests found that most of the sprinkler heads would function during fires, but that "certain tested heads required higher water pressure to activate than may be available in particular buildings." The replacements will be phased in according to priority determined by the age of the sprinklers, their condition, and the population affected. Nursing homes and hospitals, for example, will be given priority. Please note that Central Sprinkler Co. is not notifying hospitals and nursing homes of the recall.

Providers will have until the end of this year to identify and replace recalled sprinkler heads. Providers that have not made good efforts to replace recalled sprinkler heads will be cited on their next annual survey (beginning in January 2003) under tag K062 for failure to maintain the sprinkler system.

Consumers may call 1-800-871-3492 for more information on how to identify sprinklers covered in the replacement program. Information is also available via the Internet at [www.sprinklerreplacement.com](http://www.sprinklerreplacement.com). •

## Immunization Information: Flu and Pneumococcal

Advisory Committee on Immunization Practices for Flu and Pneumococcal can be downloaded from the following sites:

Prevention and Control of Influenza

Recommendations of the Advisory Committee on Immunization Practices (ACIP)

No RR03;1 04/12/2002

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5103a1.htm>

Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR 46(RR-08);1-24

Publication date: 4/04/1997

[http://www.phppo.cdc.gov/cdc recommends/showarticle.asp?  
a\\_artid=M0047135&TopNum=50&CallPg=Adv](http://www.phppo.cdc.gov/cdc recommends/showarticle.asp?a_artid=M0047135&TopNum=50&CallPg=Adv)

## Resident Assessment Instrument (RAI) Questions & Answers

(RAI) Questions & Answers can be accessed via the internet:

[http://www.hcfa.gov/medicaid/mds20/res\\_man.htm](http://www.hcfa.gov/medicaid/mds20/res_man.htm)

This page contains the following information:

### **MDS 2.0 Q&A Addendum, May 2002**

Clarifications for Section P4 (Devices and Restraints), September 13, 2001

MDS 2.0 Q&A Addendum 2, July 2001

MDS 2.0 Q&A Addendum, March 2001

MDS 2.0 Q&A Guide, August 1996

Q&A's Arising from the February, 1998 Satellite Broadcast

Q&A's Posted between August 1996 and March 2001

Older Frequently asked Q&A's

Privacy Act Statement, Q&A's, and MDS Applicability

Executive Summary of an Evaluation of the RAI (1997)

## Automated Registry Line Temporarily Down

The automated telephone line for the Nurse Aide Registry is temporarily out of service. If you wish to verify nurse aides for employment or other purposes, you may call the Registry at 317-233-7639. You may also FAX your requests to 317-233-7750, or use the on-line services of the Access Indiana website. We are sorry about any inconvenience or delay this may cause. •

## CNA REGISTRY UPDATING

Our northern Indiana readers are by now probably getting used to the area code changes (219, 574, 260) that became mandatory June 14, 2002.



You've more than likely updated your letterhead and business cards, but did you remember to update the

area codes in your computer software for CNA Registry update?

If you update your CNA's using a CD ROM, please ensure that the area code information is correct in your software. •

## Top 10 Deficiencies\*

1. F0324 Quality of Care (142 cites)
2. F0465 Physical Environment (123 cites)
3. F0281 Resident Assessment (120 cites)
4. F0514 Administration (113 cites)
5. F0309 Quality of Care (109 cites)
6. F0157 Notification of Rights & Services (102 cites)
7. F0225 Staff Treatment of Residents (67 cites)  
F0371 Dietary Services (67 cites) (tie)
8. F0314 Quality of Care (66 cites)
9. F0272 Resident Assessment (65 cites)  
F0323 Quality of Care (65 cites) (tie)
10. F0441 Infection Control (56 cites)

\*July through December 2002



## WHO YOU GONNA CALL?



There seems to be some confusion regarding who to contact in the Long Term Care Division concerning certified nurse aide issues. To help ease the confusion, here are some general guidelines to assist you:

- If you have questions regarding the **training of nurse aide students**, the 105-hour nurse aide training course, or other issues that pertain specifically to the training of nurse aides, please contact David Miller at 317/233-7615, Nancy Gilbert at 317/233-7616, or Sandra Marcum at 317/233-7480. You can also email questions to:  
1) dmmiller@isdh.state.in.us  
2) ngilbert@isdh.state.in.us  
3) smarcum@isdh.state.in.us
- If you have questions regarding the **Indiana Nurse Aide Registry**, i.e., status of a nurse aide on the registry, expiration dates, renewals of nurse aides, telephone numbers for registries in other states, etc., please contact the Nurse Aide Registry at 317/233-7612 (automated), 317/233-7639, or 317/232-0803. •

## QMA RULES

**QMA rules and program update.** The second half of the QMA rules became effective February 23, 2003. The second set of rules adds to rules that became effective in May 2002. The new curriculum for the QMA program is still under development and its roll out has been postponed until March. Once the curriculum is completed, the ISDH will begin training on the new curriculum for providers and instructors.

The changes to the QMA program contained in the rules that became effective in 2002 are now in place. Some training entities were notified to increase the hours of classroom and prac-

ticum training for all classes begun November 1, 2002, however, not everyone received this directive. Therefore, individuals who complete a training that meets the former guidelines will still be able to take the test. All training entities must begin providing the 60 hours of classroom training and 40 hours for the practicum effective for any training begun after April 1, 2003. Instruction should include training on all the tasks the QMA is permitted to perform under the rules, regardless of the availability of the new curriculum. The QMA test administered by Professional Resources, Inc., has not changed and will not change until the new curriculum is completed, however, the percentage for passing the test increased to 80% as opposed to 70%.

All of the QMA rules were drafted and developed by a team of stakeholders. Not everyone may agree with the tasks that QMAs are permitted to perform under the rules; however, all QMAs should be trained to perform those tasks. Some facilities may choose not to allow the QMAs to perform certain tasks and that is perfectly acceptable. Each facility should establish a policy and procedure for their QMAs that specifically describes the services a QMA will be permitted to perform in that facility. Even though each person is responsible for his or her own actions, the facility will be responsible for ensuring that the QMA is fully competent and skilled in the tasks the QMA is assigned to perform and that the QMA is under the supervision and direction of a licensed nurse.

More information about provider and instructor training will be available once the curriculum update is complete. Any questions about the QMA program should be directed to the Long Term Care Training Department at (317) 233-7616 or e-mail ngilbert@isdh.state.in.us.



## Medicare QIO Offers Support to Nursing Homes

The Centers for Medicare and Medicaid Services (CMS) has announced a new initiative titled "Nursing Home Public Reporting Quality Initiative" (NHPRQI). This initiative has two major objectives:

- Provide an additional information source for customers to use when evaluating a nursing home.
- Provide assistance and support to nursing facilities to help them assess and improve the quality of care related to the quality of care measures.

Health Care Excel, as the Indiana Medicare QIO, has an important role in this initiative. The Medicare QIO is not part of the state survey process. The Medicare QIO works with nursing facilities in a collaborative, confidential manner to develop and implement quality improvement activities. The Medicare QIO will have quality improvement material available for all nursing facilities in Indiana.

For facilities that are interested, and to the extent that resources permit, the Medicare QIO will work with Medicare and/or Medicaid certified nursing facilities, and more intensively with 10% to 15% of the facilities on focused quality improvement activities. The Medicare QIO does not intend to replace any program that is currently in place at nursing facilities. Rather, the focus will be to help facility personnel assess what is currently working or not working, and to assist with implementation strategies, if necessary, to provide consistent processes for residents.

Currently, the Medicare QIO is assessing interest of nursing facilities in participating in the NHPRQI. The Medicare QIO already is being contacted by interested facilities requesting to participate in the intensive group of 10% to 15% of the facilities in Indiana. For more information, you may contact the Medicare QIO at (800) 300-8190, or by e-mail at [innusnghomes@hce.org](mailto:innusnghomes@hce.org). •

# CNA Reciprocity

It has been brought to our attention there have been concerns about the use of the word "reciprocity" in the last paragraph of a letter issued from ISDH in January 2003 about "Nurse Aide Registry Updating."

Review of the ISDH Core Curriculum for Certified Nursing Assistants indicated in Standard #7: Testing Procedures for Special Consideration that, "Out of State nurse aides who are current and in good standing on another state's Nurse Aide Registry may be permitted to challenge the ISDH nurse aide training program through reciprocity." "These individuals will be required to take the 100 question written examination, and the optional skills final examination, at the discretion of the hiring facility."

In other words, Professional Resources does NOT provide the reciprocity, but allows the individual the opportunity to take and pass the written examination.

Hopefully, this will clarify any concerns about the word "reciprocity" in reference to CNAs from out of state who want to practice in the state of Indiana.

For more information, you may contact Sandra Marcum, Training Director, at 317/233-7480, or by e-mail at [smarcum@isdh.state.in.us](mailto:smarcum@isdh.state.in.us). •



## NFPA 101 LIFE SAFETY CODE 2000 EDITION

The NFPA 101 Life Safety Code, 2000 Edition has been adopted, effective March 11, 2003. Facilities will be given until September 11, 2003 to be in compliance.



What this means, is that while the 2000 Code will be in effect as of March 11, we will not be using it in our surveys until September 11. In the intervening 5 months we will continue to survey using the 1981 and 1985 Codes. When a deficiency is found, we will take into account how this particular item relates to both Codes when writing a citation.

Under the new Code, few, if any waivers will be given. Most of those currently being utilized will be dealt with using the FSES survey. The most common waiver that is in current use is for K-17 (openings to the corridor). This will not be an issue under the 2000 Code, as these openings are allowed in sprinklered buildings.

The Life Safety Code Surveyors will be receiving new forms and training within the next few weeks. Copies of the 2000 Life Safety Code may be obtained from the NFPA by calling (800) 344-3555 or online at [www.nfpacatalog.org](http://www.nfpacatalog.org). •

Have you checked  
out our web site  
lately?

[www.in.gov/isdh/](http://www.in.gov/isdh/)



## Certified Bed Change Guidelines

- All requests for certified bed changes must be filed with the Division of Long Term Care **at least 45 days prior to the effective date of the change.**
- Certified bed changes can be made **up to two times per year** - once at the beginning of the facility's cost reporting year, and once more on the first day of a single cost reporting quarter within that same cost reporting year.
- At **no time** may a facility affect two **decreases** in certified beds during the same cost-reporting year.

## Recent Closures...

St Margaret Mercy Healthcare Centers - South Campus, Dyer  
10/30/02

Walnut Creek at Clinton  
11/01/02

Reid Hospital TCU, Richmond  
12/09/02

Good Samaritan Hospital ECF, Vincennes  
12/31/02

Subacute Rehab Center, Indianapolis  
12/31/02

Walnut Creek at New Albany  
1/15/03

Walnut Creek at 38th  
1/20/03

Walnut Creek at Lafayette  
1/24/03

## CMP Consultant Program Underway

Effective February 15, 2003, the Division of Long Term Care concluded accepting applications for those interested in participating in the Civil Money Penalty (CMP) Consultant Program, which the Division launched in the Fall of 2002.

Eighteen professionals applied, representing such disciplines as Health Facility Administration, Nursing, Social Services and Activities, Pharmacy, and Dietary Consulting. These individuals are in the process of being contracted for a two-year period to provide consultant services to Indiana nursing facilities who meet certain criteria and voluntarily subscribe to the program. The Division will hold a training for the consultants on April 15, 2003.

For more information on the CMP Consultant Program, you may contact Suzanne Hornstein, Director, Division of Long Term Care, at 317/233-7289, or by e-mail at [shornste@isdh.state.in.us](mailto:shornste@isdh.state.in.us). •

## Why Am I Receiving Multiple Survey Reports???

Recently some of the long-term care facilities have received two or more survey reports for the same visit conducted by the Indiana State Department of Health Survey Agency. Unfortunately, we have no way of avoiding this. With the implementation on November 15, 2002, of the automated Aspen Complaint/Incident Tracking system (ACTS) by the Centers for Medicare & Medicaid

Services (CMS), some survey visits will require the generation of more than one 2567-L survey report.

ACTS is a part of the suite of Aspen products, which also includes Aspen Central Office (ACO) and Aspen Survey Explorer (ASE) that all states are required to use when writing surveys. When a survey is created in ACO, the system generates a unique Event ID (or Event Tracking Number). The ID allows for more than one survey event per day. The survey event ID contains six numbers or letters. This number is located at the bottom of the survey report. Example:

### **C5DR11**

The first four positions (**C5DR**) comprise a random, unique combination of letters and numbers. Any related surveys, such as follow-up surveys (PSR), will have the same combination. The fifth position (1) indicates the category of survey performed:

1 = Health Inspection (recertification survey, complaint investigation, etc) **C5DR11**

2 = Life Safety Code (Building) Inspection **C5DR21**

When both a health survey and a Life Safety Code survey for the same facility are created, ACO changes only the fifth digit of the event ID. The sixth position (1) indicates the survey sequence number. A "1" indicates an initial or first visit; a "2" indicates the follow-up or second visit, and so on. When a survey is created for a revisit or a follow-up, ACO uses the first five characters of the original event ID, changing the sixth digit to create a new event ID. This helps to track related surveys. Example: **C5DR12**

The new ACTS system does not allow a new complaint to be investigated with a revisit (PSR) using the same survey event ID. ACTS cannot link a revisit on a complaint to a new survey (recertification or complaint inves-

tigation). There may be times when the survey agency is at a facility conducting a new complaint investigation (or a recertification survey) and a PSR to a previous complaint at the same time. In this situation there will be two event ID's resulting in separate 2567-L reports.

The survey results will require two reports as follows: (1) The new complaint which requires a separate 2567-L and (2) The PSR to the previous complaint which requires a separate 2567-L. Both survey reports will have the same exit date. Facilities will need to respond to each 2567-L if deficiencies are cited. In the event that the same deficiency is cited on both reports, the facility will need to respond to the deficiency (using the same plan of correction text) on both reports.

For more information, you may contact Sarah Roe, Health Care Data Services Manager, at 317/233-7904, or by e-mail at [sroe@isdh.state.in.us](mailto:sroe@isdh.state.in.us). •

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